



DIVISION OF DEVELOPMENTAL DISABILITIES

Tell us how we are doing!

On (date) _____ I received a ☐ Visit ☐ Phone call ☐ Other: _____

The following were involved: ☐ Case/Resource Manager ☐ Outstation Manager ☐ Supervisor
☐ Administrator ☐ Social Worker ☐ Other: _____

I am a ☐ Client/Self Advocate ☐ Family Member/Guardian ☐ Provider ☐ Other: _____

I was treated with courtesy and respect. ☐ Always ☐ Usually ☐ Occasionally ☐ Seldom ☐ Never

I was listened to when I talked. ☐ Always ☐ Usually ☐ Occasionally ☐ Seldom ☐ Never

My questions were answered. ☐ Always ☐ Usually ☐ Occasionally ☐ Seldom ☐ Never

I received the information I needed ☐ Always ☐ Usually ☐ Occasionally ☐ Seldom ☐ Never

I know what to do next. ☐ Yes ☐ No

I was given numbers to call if I need help. ☐ Yes ☐ No

Comments:

I would like to talk with someone in person. The best time to call is: _____

Telephone number: _____

Name is optional: _____. Mailing address is on the back of this card.

No stamp is needed. Please drop this card in the mail. **Thank you very much!**